



Santa Rosa County Sheriff's Office

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Sheriff Bob Johnson

CITIZEN COMPLAINT

Please Print

Date and time of this complaint: 11-15-17 Incident #: 17CAD130310

Reference Complaint #: 17OFF008479 Deputy Taking Complaint: BARNES ID #: 86/909

Complainant: Thomas Alan Cowie
First Middle Last

Address: 11168 Noble Ln. Baker FL 32531
Street City State Zip Code

Home Phone: 850- Work Phone: N/A Cell Phone: 850-889-2555

Date and time incident occurred: 2-3 pm

Location/Address of occurrence: Hwy 90 west bound passed

Employee(s) involved in allegations(s): Seth Smead

Witness: _____
Name Street Address City/State Home Phone Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): Noticed Harassment By Chasinging
Excessive force, Lied about lane change & seeing anything.
then accused me of eating something throw his hand to my throat
striking my chin, opened door tried pulling me out by throat and shoulder
without letting me remove my seatbelt, I removed it and allowed
him to pull me out, he slammed me down stepping on the
back of my legs let his knee down in my back, I screamed in pain
and he released pressure brought me to his car, removed my father
as backup arrived, got my dad's medication out & poured in his
hand. ~~as~~ He came back to me asking what I put in my mouth
in my pain, shock, anger, sadness & disbelief I told him nothing
He said was it a morphine your dad has morphine. ~~he~~ He took me in
and told the nurse I think he ain't something, I need you to pump his
stomach, she said no because he admitted to not seeing anything.

I was then transported to Santa Rosa Hospital for X-Ray By another officer



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CITIZEN COMPLAINT

Witness (in vehicle)

Please Print

Date and time of this complaint: 11-15-17 9:15am Incident #: 17CAD130310

Reference Complaint #: 17OFF008479 Deputy Taking Complaint: BARNES ID #: 821709

Complainant: Lynn Louis Cowie Jr
First Middle Last

Address: 1781 Dykes Ln Jay FL 32565
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: 850-619-8485

Date and time incident occurred: _____

Location/Address of occurrence: _____

Employee(s) involved in allegations(s): _____

Witness: Lynn Cowie 1781 Dykes Ln Jay, FL 32565 850-619-8485
Name Street Address City/State Home Phone Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): Officer used excessive force in removing Thomas from his car. ~~by~~ He drug Thomas out of the car threw him on the ground before he could get out. Put his knee in his back and handcuffed him. Thomas did not resist officer. I was sitting in the passenger seat and thought he hit Thomas threw the window and then grabbed him. Thomas did not have no drugs that I was aware of. I however had my medications in my pocket when they searched me. (By now other officers had arrived at the scene. They (officers) discussed what had happened and then 2 of them (1 at a time) questioned me what had happened. I told both of them that the arresting officer had used excessive force. Force that I saw in my eyes was too aggressive. It traumatized Thomas as it would anyone treated like this!